CLAIMS ONLY	Application No.
	Application Number LO/743590 Filling Date
	Applicant(s)
CLAIMS ASSUCE	
AFTER FIRST	May be used to
Indep Depend Indep Depend AMENDMENT	May be used for additional claims or amendments
2 Indep Depend	
3	51 Indep Demod
	53 Depend
$\frac{6}{7}$	54 55
6 9	56
	57 58
11 12	59 60
√ (0) // (1	61
	62
16	64 65
16	66
20	67
	69
23	
25	
27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
28 77	
30 31 78	
32 80	
24	
35 63	
377 36 65 66	
39 67	
41 89	
42 43 44 90 91 92	
46 94	
46 95	
49 50 97 45	
Total 99	
10000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Total Depend D Total Indep Total Calins U Depend	
Clain's 4 Depend	7 1 1 1
Total Claims	